



In this Issue:

To view an article, mouse over the title and left click.

[WELCOME](#)

[BIPOLAR DISORDER: AN OFTEN DEADLY ROLLER COASTER](#)

[WHAT ARE THE SYMPTOMS OF BIPOLAR DISORDER?](#)

[WHAT CAUSES BIPOLAR DISORDER?](#)

[THE BURDEN ON FAMILIES](#)

[SUICIDE](#)

[HOW IS BIPOLAR DISORDER TREATED?](#)

[RESOURCES](#)

Welcome



Debra M. Simmons Wilson
Mental Health Board Trustee



Welcome to the Winter 2003 issue of How's *YOUR* Mental Health? The City of St. Louis Mental Health Board of Trustees (MHB) has developed this quarterly e-newsmagazine to help St. Louis residents become better informed about mental health and substance abuse topics.

While we know relatively little about these topics, even though an MHB study shows that 31 percent of city voters surveyed have an alcoholic in their immediate family, 22 percent have a relative addicted to other drugs and 25 percent have a close relative who is mentally ill. Directly or indirectly, these are problems that touch all of us.

Inside this issue, you will learn:

- The symptoms of bipolar disorder
- What we know about what causes it
- The burden this disorder carries for the family
- Treatments that offer hope for recovery
- The strong link between bipolar disorder and suicide and what to do
- Links to helpful web sites and other sources of information
- A link to the MHB staff and board

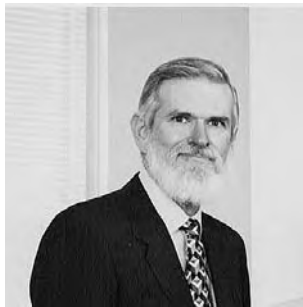
MHB hopes you will find these stories informative and useful. And we hope this e-zine will help readers to be more aware of the signs of potential trouble and where to get appropriate assistance.

Bipolar Disorder: An Often Deadly Roller Coaster



A Special Commentary by:

***Dr. William Kincaid, M.D., MPH,
President, Mental Health Board***



We were all shocked and saddened to learn of the recent tragic death of Al Kerth, one of St. Louis' leading citizens, a man former U.S. Sen. John C. Danforth called "St. Louis' most important civic resource."

While Mr. Kerth accomplished much in his life, he lived with bipolar disorder, and died of it as well, taking his own life. The sad fact is that as many as 20 percent of those with bipolar disorder commit suicide.

Bipolar disorder, formerly known as manic-depressive illness, is a serious brain disorder characterized by unusual shifts in a person's mood, energy and ability to function. Unlike normal ups and downs, these mood shifts are severe and can result in damaged relationships, poor job or school performance, and as in Al Kerth's case, suicide.

About one percent of the population age 18 or older has bipolar disorder. It typically develops in late adolescent, although first symptoms can appear during childhood or late in life. One of the biggest problems with this disease is that it is often not recognized as an illness and people can live for years without ever knowing they or a family member has it.

While a true biological disorder, its impact is psychological. It brings with it both a sense of advantage and pleasure and in its wake, unspeakable suffering. Once diagnosed, it must be managed like diabetes or heart disease, with continual monitoring and adjustment to treatment mandatory to its successful management.

What are the Symptoms of Bipolar Disorder?

A single mom, Mimi Hubert worked full time and raised two kids while volunteering for every worthy cause that came along. She was involved in every school activity, sat on every committee, always raised her hand. She led the youth group at church for years. She was a go-to person. She was the kind of woman perpetually running to the drug store at midnight picking up poster board for some project.



Mimi Hubert

That is, until she was floored by depression. Then she couldn't crawl out of bed. She wanted to die. The kids got their own cereal in the morning and things fell apart. This went on for years.

Then, four years ago, she was diagnosed with bipolar disorder. Her world is a much different place now, but she is constantly on the lookout for manic episodes. She can tell an episode is coming on when she goes to a restaurant and polishes the silverware and arranges the table so everything is at right angles. Then it's time to call her doctor.

Recognizing bipolar symptoms is just the first step, but a critical one. Signs and symptoms of mania include:

- Increased energy, activity and restlessness
- Excessively "high," overly good, euphoric mood
- Extreme irritability
- Racing thoughts and extremely rapid speed, jumping from one idea to another
- Distractibility, difficulty concentrating
- Needing little
- Unrealistic beliefs in ones abilities and power
- Poor judgment
- Spending sprees
- A lasting period of behavior that is different from usual
- Increased sexual drive
- Abuse of drugs, particularly cocaine, alcohol and sleeping medications
- Provocative, intrusive or aggressive behavior
- Denial that anything is wrong

St. Louis Mental Health Board
Winter 2003 e-Zine
Bi-Polar Disorder
5 of 12

Depressive symptoms are more familiar to all of us, but are just as important to recognize—especially when they follow a period of mania. These symptoms include:

- Lasting sad, anxious or empty mood
- Feelings of hopelessness or pessimism
- Feelings of guilt, worthlessness or helplessness
- Loss of interest or pleasure in activities once enjoyed, including sex
- Decreased energy, a feeling of fatigue or being “slowed down”
- Difficulty concentrating, remembering, making decisions
- Restlessness or irritability
- Sleeping too much or inability to sleep
- Change in appetite and/or unintended weight loss or gain
- Chronic pain or other persistent bodily symptoms that are not caused by physical illness or injury
- Thoughts of death or suicide, or suicide attempts

One of the problems with diagnosing bipolar disorder is that at mild or moderate levels, mania (hypomania) may actually feel good. It may just look like over-achieving, a trait much valued in our culture. For the bipolar disordered though, hypomania can turn to psychosis including hallucinations and delusions. This can include feelings of grandiosity, such as believing one has special powers or wealth, or at the other extreme, feelings of guilt or worthlessness.

Some people even experience mania and depression together in what is called a mixed bipolar state. These symptoms include agitation, trouble sleeping, change in appetite, psychosis and suicidal thinking. A person in a mixed bipolar state may feel extremely energized while at the same time feeling hopeless and worthless.

Alcohol and drug abuse are also very common as a form of self-medication, adding complexity to an already complex disease. Ms. Hubert said, “I never became alcoholic, but when I went out with my friends on the weekend, I would drink. A lot. It quieted the noise in my head and made me feel normal.”

What’s more, anxiety disorders like post-traumatic stress disorder and obsessive-compulsive disorder may also occur requiring separate treatment. In short, this is a disease whose dimensions cannot be understated. That said, there are mild, moderate and severe cases of bipolar disorder. Because its symptoms can cause such intense feelings and behavior in its most severe levels, bipolar disorder causes untold suffering to both sufferers and family members alike. But there is good news. Bipolar disorder can be treated. People with bipolar can go on to lead healthy, productive lives. Families can heal.

Adapted from National Institute of Mental Health

What Causes Bipolar Disorder?



There seems to be no one cause of bipolar disorder, but it does tend to run in families. This genetic link is very strong, but research among identical twins (who share the same genes) show other factors are involved as well. The identical twin study has shown that if one twin has bipolar disorder, the other does not necessarily get it as would be the case if the cause were purely genetic. What are the other causes? No one is quite sure yet.

It looks like many different genes in combination with other factors including environment cause bipolar disorder. Finding these genes, with each one playing a small part in causing a vulnerability to the disorder, has proven very difficult. New advanced research tools are now being used, that gives scientists hope for discoveries of new and better treatments.

For instance, new brain imaging techniques now allow researchers to take pictures of the living brain and examine its structure and activity. These procedures include magnetic resonance imaging (MRI), positron emission tomography (PET) and functional magnetic resonance imaging (fMRI). Imaging studies have shown evidence that people with bipolar disorder have brains that are different from the brains of healthy people. As these differences are further explored, scientists hope to understand better the underlying cause of the illness and perhaps be able to predict the most effective treatments based on brain imaging.

Adapted from the National Institute of Mental Health

The Burden on Families

There's no question bipolar disorder has a profound impact on the lives of those who suffer from it. The truth however is that the number who suffer from it is far greater than those with the diagnosis. Like any mental illness, bipolar disorder has an equally severe impact on families.



Both the heightened activity of mania and the emotional despondency of depression can lead to many problems. Symptoms can cause behavior such as aggression, an inability to fulfill responsibilities, alcohol and drug abuse, and wild spending or gambling sprees. It's easy to see how this would wreak havoc on families.

Another factor families deal with is guilt. After a patient is diagnosed, and relatives realize the behavior they were so angry about is the result of illness, they may feel tremendously remorseful. Add to that the common notion in society that parents may in some way be responsible for producing mental illness in their children, and the grounds for guilt are extremely fertile grounds.

As a result, parents or other family members may want to overcompensate for the past by not effectively setting limits and developing realistic expectations for the affected person. In many cases, the patient's behavior has created an ongoing burden for the family due to reduced family income or a history of disruption to normal routines and the feelings of anger continue. This ongoing anger can lead to additional feelings of guilt.



Family members often feel a pervasive sense of loss that their loved one will never be "normal" again. An additional burden is the state of constant watchfulness for signs and symptoms. Children may worry about inheriting the disease themselves.

Bipolar disorder can put the emotional welfare of the entire family at risk because of ongoing stress.

It's important for family members to learn as much about bipolar disorder as they can. Ignorance is a breeding ground for all kinds of additional and unnecessary emotional burdens. Help for families is available and there are grounds for tremendous hope that the entire family can heal and go on to become fully functional and satisfying. Go to our resource page to find the appropriate links.

Adapted from the National Institute for Mental Health

Suicide



It's a sad fact that many people with bipolar become suicidal. The constant mental wringer of mania and the often unstable behavior that goes with it can leave a wake of destroyed relationships, finances and careers. Add to that the debilitating lows and the sense of worthlessness and futility that so often accompany them and it's not hard to understand why as many as 20 percent of those with bipolar disorder commit suicide.

The good news is that even the most severe suicidal thoughts can be treated. There is always hope.

Nonetheless, anyone who is thinking about committing suicide needs immediate attention by a mental health professional or a physician. Anyone who talks about suicide should be taken seriously.

Risk for suicide in bipolar patients seems to be greatest in the early stages of the illness. That's just one important reason among many why bipolar disorder should be recognized and managed early on.

Signs and symptoms that may accompany suicidal feelings include:

- Talking about feeling suicidal or wanting to die
- Feeling hopeless, that nothing will ever change or get better
- Feeling helpless, that nothing one does makes any difference
- Feeling like a burden to family and friends
- Abusing alcohol or drugs
- Suddenly putting affairs in order (like organizing finances or giving away possessions)
- Writing a suicide note
- Putting oneself in harm's way, or in situations where there is a danger of being killed

If you or someone you know is feeling suicidal:

- **Call a doctor, emergency room, or 911 right away to get immediate help**
- **Make sure the suicidal person is not left alone**
- **Make sure to prevent access to large amounts of medications, weapons or other things that could be used for self harm**



St. Louis Mental Health Board

Winter 2003 e-Zine

Bi-Polar Disorder

9 of 12

Some suicide attempts are the result of careful planning over time, but others are impulsive acts. For that reason, the final point above, about keeping potentially harmful medications or weapons out of the house is a good long-term strategy for people with bipolar disorder. Understand that suicidal feelings or actions are symptoms of this illness and are overcome on a regular basis with appropriate therapy and treatment.

Adapted from the National Institute of Mental Health

How is Bipolar Disorder Treated?



As various as the manifestations of bipolar disorder, no one medication works for every person who suffers. The important thing to remember when looking at treatment is that it demands rigorous monitoring for breakthrough episodes of mania or depression. These breakthroughs run the gamut from severe to mild, but with treatment, breakthroughs are generally much milder. The fact remains that bipolar disorder is a chronic illness like diabetes and heart disease. And, like those diseases, one must be continually on the lookout for flare-ups.

What happens all too often is that someone who undergoes diagnosis and begins treatment begins to feel better and cuts back or eliminates medications and therapy. This is a recipe for disaster. There is no cure for bipolar disorder, only treatment. Treatment should be a constant presence in the life of someone with this disorder.

Simon, from North St. Louis, was diagnosed with bipolar disorder seven years ago. "After I got on medication I felt so much better I thought I must be cured, so I

went off of it. Of course, the symptoms recurred and I had to start on the medication again, but I learned my lesson. I never knew life could be this good."

With treatment, patients can go on to lead normal, productive, fulfilling lives with occasional, treatable flare-ups. When a flare-up occurs, the patient has a better chance of heading off a full-blown episode if medical attention is sought immediately.

In fact, many doctors recommend keeping a daily chart of mood symptoms, treatment, sleep patterns and life events to keep track of emerging symptoms and to help as a guide to effective treatment.

Medications

The most common medications prescribed for bipolar disorder are mood stabilizers. In addition to lithium, which has been around for decades, several new mood stabilizers have given relief to countless patients for whom lithium was not a good alternative. In most cases, mood stabilizers are prescribed for extended periods as a baseline medication with other medications added when necessary to treat episodes of mania or depression that break through.

St. Louis Mental Health Board
Winter 2003 e-Zine
Bi-Polar Disorder
11 of 12
Therapy

Medication alone will not be enough to control bipolar disorder. Psychotherapy is a critical component to provide support, education and guidance to both patient

and family. Studies have shown that continued psychotherapy actually leads to better mood stability, fewer hospitalizations and overall improved functioning.

A licensed psychologist, social worker or counselor typically works with a psychiatrist in monitoring the patient's progress and helping the patient cope with the effects of this disorder. Psychotherapy can take many approaches:

- Cognitive behavioral therapy helps the patient learn to identify and change inappropriate or negative thought patterns and behaviors.
- Family therapy is important to keep open communications and to allow all family members to express their feelings.
- Education is important for people with bipolar disorder by helping them recognize signs of relapse so early intervention can prevent a full-blow episode. This is also an important component of family therapy.
- Interpersonal and social rhythm therapy helps people with bipolar disorder with relationships and in making their daily routines more regular. This is important because regular daily routines and sleep schedules may protect against manic episodes.
- Self-help groups and programs are frequently the best sources for information and support.



Episodes of mania and depression naturally come and go. But a patient's vigilance should not. By staying on medication and being involved with long-term therapy, much suffering can be reduced or eliminated. As devastating as this illness can be, there is help and hope with the right attention and medication.

Adapted from the National Institute of Mental Health

Resources:



Where to call for more information or help with mental health help/substance abuse problems:

Behavioral Health Response (BHR) 24-hour crisis hotline staffed professional counselors www.bhrstl.org	(314) 469-6644
Life Crisis Service 24-hour hotline staffed by trained volunteers www.lifecrisis.org	(314) 647-4357
Teen Hotline 24-hour hotline staffed by trained volunteers www.lifecrisis.org	(314) 664-5886
St. Clair County Call For Help 24-hour hotline staffed by trained volunteers	(618) 397-0963
National Alliance for the Mentally Ill-NAMI of St. Louis	(314) 966-4670
Depressive/Manic Depressive Association of St. Louis	(314) 776-3969
City of St. Louis Mental Health Board Comment Line	(314) 658-3603
Mental Health Association of Greater St. Louis	(314) 773-1399

Useful Web sites

- For more information on bipolar, log onto:
<http://my.webmd.com/content/Article/50/40552.htm>
- For more information on bipolar, log onto: <http://www.ndmda.org/bipolar.html>
- For more information on bipolar, log onto: <http://www.walkers.org>